Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004655

MID-FLORIDA, INC.

Principal Place of Business

SUN HEALTHCARE GROUP - LEGAL DEPT. SUN HEALTHCARE GROUP - LEGAL DEPT. 101 SUN AVENUE N.E. 101 SUN AVENUE N.E. ALBUQUERQUE NM 87109 ALBUQUERQUE NM 87109

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90202 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/22/1995

	Place of Business	za. Mailing Address			4. FELINUILIDEI)	Applied For	
21		26			58-2193751		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional	
22		27			3. Certificate of Status Desired	Fe	e Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.	.00 May Be	
23		28			Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	r Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent		
			81	Name			•	
CT CORPORATION SYSTEM			97	82 Street Address (P.O. Box Number is Not Acceptable)				
C/O CT CORPORATION SYSTEM			"	52 Silest Address (F.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND RD			83	3				
PLANTATION FL 33324						11-	7-0-4-	
			84	City		FI 85	Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s, the abov	/e-named corpo	oration submits this statement for the purpos	e of changin	g its registered	
office or r	registered agent, or both, in the State of	f Florida. Such change was au	ithorized by	/ the corporatio	n's board of directors. I hereby accept the a	ppointment a	as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute:	s.	•			
SIGNATURE		and Maria applicable (NOTE)	Danietored Age	int signature required	(when reinstating) DATE			
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ant signature required	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12	
TITLE	CP OF TOLKS AND	DELETE	1.1 TITLE	1 2		Cha		
NAME	, - ,	X	1.2 NAME	1/2			, ,	
	BROGDON, CHRIS			T ADDRESS //	lan J. Lange re			
STREET ADDRESS	1000	\ /		ADURESS /	Mualleran NM 87/09		11	
CITY-ST-ZIP	TITUSVILLE FL 32780	DELETE	14 CITY-	SI-ZIP	1/Sun Avenue 19/109 1/Buguerque NM 87/09 1/CFO, Director 1/Supert D. Wiltil	☐ Cha	ange DiAddition	
TITLE	l CV	TA DELETE	2.1 TITLE	VP	bi ba dilla		ango Dadaman	
	1							
NAME	LANE, EDWARD E	, \	2.2 NAME	<i>f</i>	Sobert D. William			
NAME STREET ADDRESS	1800 HARRISON ST.		2.3 STREE	TADORESSI //		119		
	1 -		2.3 STREE 2. 4 CITY-	ST-ZIP	Albagurgne NM 811	09	Addition	
STREET ADDRESS	1800 HARRISON ST.	DELETE	2.3 STREE	ST-ZIP	Albagurgne NM 811	<u>'09</u> □Cha	ange Addition	
STREET ADDRESS CITY-ST-ZIP	1800 HARRISON ST. TITUSVILLE FL 32780 DT TUCKER, DARRELL C	D DELETE	2.3 STREE 2. 4 CITY-	ST-ZIP	Albugurge NM 811 Of Tredsurer Of How G. Patrick	109 □ Cha	ange Addition	
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: